



ADMINISTRATIVE DIRECTIVE

DATE: May 6, 2016
TO: Contra Costa County Pre-hospital First Responders and EMS Providers
FROM: Dr. David Goldstein, EMS Medical Director
SUBJECT: California AB 15 – End of Life Act (16-CLN-001)

In late 2015, the California Legislature passed the End of Life Act (AB 15), which becomes law on June 9, 2016. The Act allows mentally competent adult residents of the State of California who have a terminal illness with a confirmed prognosis of having 6 or fewer months to live to voluntarily request and receive a prescription medication to hasten their inevitable, imminent death. By adding a voluntary option to the continuum of end-of-life care, this law is designed to give patients dignity, control and peace of mind during their final days.

The Act will be effective **June 9, 2016**. At that time, terminally ill adult residents of the State of California will have a legal right to expanded end-of-life decisions. The rights afforded by this law ensure that the patient remains in control of their end-of-life decisions. It is important for EMS personnel to be aware of and recognize these rights when interacting with terminally ill patients.

If summoned to or while caring for a terminally ill patient who has exercised an end-of-life option under the Act, EMS personnel should provide comfort care only¹; requests for life-saving interventions after ingestion of end-of prescription medications shall only be honored if requested directly by the patient. EMS providers should determine who called 9-1-1 and why (i.e. to control symptoms or because the person no longer wishes to end their life), and obtain written documentation regarding the patient's end-of-life decision. The EMS provider should withhold resuscitation if there are DNR orders or evidence that the person is one who is exercising their rights under the Act.

Facing death or watching a loved one die is perhaps the hardest thing we face in life. As healthcare providers, these situations are not any easier for us to witness. We must, however, recognize the impact of these events on a patient's family and loved ones and provide emotional support as necessary while empathizing with the

¹ In general, comfort care includes administration of oxygen, suctioning, manual treatment of an airway obstruction, positioning the patient for comfort and treating pain if expressly authorized in a POLST form or DNR order. Invasive procedures are not a component of comfort care.



situation at hand.

The direction contained within this Administrative Directive will be effective on June 9, 2016. There will not be an immediate change to EMS Policy or Treatment Guidelines; changes will be reflected in accordance with the annual release of the 2017 EMS Policies and Treatment Guidelines. EMS Providers are encouraged to become and remain familiar with the Act and the directions contained within this Administrative Directive.

Questions concerning this change should be referred to Jesse Allured, Program Coordinator, at (925) 646-4690 or via e-mail at Jesse.Allured@hsd.cccounty.us.

Reference:

California AB 15 – End of Life Act

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520162AB15

